

2-4-8-5

805590

THE PSYCHIATRIC PATIENT WITH ALCOHOL PATHOLOGY
IN THE
ALCOHOLIC REHABILITATION UNIT -- SPRING GROVE STATE HOSPITAL

Baltimore, Maryland
February 10, 1961

MARYLAND COMMISSION ON ALCOHOLISM

Lillian M. Snyder
Research Associate

TABLE OF CONTENTS

	PAGE
I. INTRODUCTION	1
II. SPRING GROVE ALCOHOLIC REHABILITATION UNIT	3
A. HISTORY	
B. DESCRIPTION OF UNIT	
C. SELECTION OF PATIENTS	
D. SERVICES, THERAPIES, AND TREATMENTS	
E. LEAVING THE UNIT	
F. RESEARCH, EVALUATION, AND FOLLOW-UP	
G. PROFESSIONAL EDUCATION	
III. PLACE OF ALCOHOLIC REHABILITATION UNIT IN CONSTELLATION OF COMMUNITY SERVICES	9
A. MOVEMENT OF PATIENTS FROM OTHER AGENCIES	
B. MOVEMENT OF PATIENTS TO OTHER AGENCIES	
IV. PROBLEMS AND UNMET NEEDS	10
V. SUMMARY AND CONCLUSIONS	12
VI. RECOMMENDATIONS	13
APPENDIX I	16
APPENDIX II	17

THE PSYCHIATRIC PATIENT WITH ALCOHOL PATHOLOGY
IN THE
ALCOHOLIC REHABILITATION UNIT - SPRING GROVE STATE HOSPITAL

I. INTRODUCTION

In fulfilling the charge of the Maryland Commission on Alcoholism to find out what the State is currently doing for the alcoholic individual, staff members employed by the Commission have approached their task within the framework of the following philosophy:

(1) The vast majority of individuals in trouble in varying degrees because of the excessive use of alcohol have not as yet come to the attention of the court or medical agencies. An all-out effort should be made to assist this group.

(2) Knowledge is meager, if available at all, about what happens to the person with alcohol pathology after his illness reaches a stage in which he encounters a legal agency or a psychiatric hospital.* There is a need for follow-up research knowledge which ultimately becomes evaluative as we learn the consequences of various efforts.

(3) Coordination of research and action will bring about the greatest change. Results of research must be fanned out to the professional participants involved in alcoholic rehabilitation programs and on to the public in general. Advisory groups can serve as essential links between professional groups and the community.

(4) Every problem boils down to the need for a taxonomic study of individuals with alcohol pathology coming to the attention of the various

* See Appendix I, Stages in the Life History of Many Alcoholics.

public and private functionaries. What kind of an alcohol related problem does the individual have? In general, there seems to be four groupings: psychiatric patients with alcohol pathology, social misfits who use excessive drinking as a ticket of admission for "hotel accommodations" in any public institution, legal offenders, and the large group of uncommittable individuals whose illness has not reached the point of bringing him to the attention of any medical, psychiatric, or law enforcement agency.

This study concerns itself with psychiatric patients with alcohol pathology. For many patients and their families, the psychiatric hospital is the end of the road. Here the individual with alcohol pathology often receives a label which stays with him the rest of his life. Staff members of various public and private healing agencies often write him off as hopeless. Family members have little confidence that he can change, and the alcoholic himself has often lost confidence. Some become so apathetic that they appear to be more dead than alive. By carefully studying the obvious phenomenon regarding alcoholic patients who have come to the attention of a remedial agency, we can better understand the early danger signals currently affecting the employee in the next office who is in the early stages of becoming an alcoholic.

One of the four state mental hospitals in Maryland has organized an Alcoholic Rehabilitation Unit. Many individuals believe that by concentrating individuals with alcohol pathology in one area, an opportunity is provided for developing specialized professional skills in treating the patients as well as an unique opportunity for study of the results of these efforts. What is currently being done in the

Spring Grove Alcoholic Rehabilitation Unit? Are there advantages in having a specialized treatment unit? What are the results of this effort? Should it be encouraged? The following report is an attempt to answer these questions.

II. SPRING GROVE REHABILITATION UNIT.

A. History. Since 1948 when the first Alcoholic Anonymous group was organized at the Spring Grove State Hospital, attempts have been made to give some specialized direction in the treatment of the alcoholic individual through group therapy, chemotherapy and other endeavors. The Alcoholic Rehabilitation Unit, however, was established in August, 1959 to serve as a center for the development and the utilization of the most advanced treatment theories and procedures relating to the alcoholic patient.

B. Description of Unit. All patients admitted to the Spring Grove State Hospital are first seen in the Admission Building or Medical-Surgical Building and the majority are subsequently transferred to one or more different buildings on the 120 acres during their hospitalization. From the Admission Service some of the patients may be transferred to a Continued Care Service, a Custodial Care Service, or to the Convalescent Care Area. There are four convalescent cottages located in an attractive wooded section of the grounds. The Alcoholic Rehabilitation Unit is located in Convalescent Cottage No. 2. These cottages are two stories high and attractively landscaped. A staff psychiatrist under the direction of the superintendent administers the four convalescent cottages. A social worker supervises two of the convalescent cottages and a third-year psychiatric resident supervises the other two convalescent cottages (including Convalescent Cottage

No. 2) and is also available for psychiatric consultation for patients in the other two cottages. The twenty-three members of the nursing staff assigned to the Convalescent Area are under the supervision of a psychiatric aid supervisor who is responsible to the Director of Nursing Service. There are no graduate psychiatric nurses nor any registered nurses employed in the Convalescent Area. The nursing personnel consists of four licensed practical nurses and six psychiatric aids (diploma) and the remainder of the staff is untrained. Although an attempt is made to assign nursing personnel to one convalescent cottage, it is necessary to make changes because of illness and resignations so that each convalescent cottage can be covered twenty-four hours a day.

A full time social worker, who is a recent graduate of a school for social work, is assigned to the Alcoholic Rehabilitation Unit from the Social Service Department. She assists mainly with pre-charge planning and is supervised by a social work supervisor. Many other services are provided patients on a part time basis by other staff members and volunteers within the organization.

Between 55 and 60 patients occupy the 71 beds set up on the second floor in the sleeping rooms. A minimum amount of clothing and personal belongings may be kept by the patients. Under the plan of self-government, the patients keep the cottage clean and do their own kitchen duty. Problems in housekeeping and in living together are discussed at the weekly meeting.

C. Selection of Patients. All alcoholic patients are screened in the admitting area of Spring Grove State Hospital before transfer

to the Alcoholic Rehabilitation Unit. Only those patients are transferred who can be placed in an open area. This eliminates the psychotic individuals. The chief psychiatrist of the Alcoholic Rehabilitation Unit may transfer patients to other hospital areas if he finds that they are not capable of profiting by the rehabilitation program.

D. Services, Therapies, and Treatments.* Patients are seen individually and in groups. An educational program of lectures, films, and discussions is provided. In addition, the hospital community approach, also known as "milieu therapy", and life-space techniques are also used. The services and therapies provided by several professional disciplines are available at the request of the chief psychiatrist. These include: individual counseling or discussion groups by nursing personnel, case work services or group discussions at the time of admission, and discharge and foster care services by the Social Service Department, industrial therapy including work on the farm, job placement and vocational counseling by the Rehabilitation Division, pastoral counseling and group discussions by the Chaplaincy Service, and discussion groups led by A.A. members and volunteers. The psychiatrist provides individual psychotherapy, psychodrama, group psychotherapy for newly admitted patients and also for readmitted patients, and chemotherapy.

There are no regular multi-discipline staff meetings to evaluate or coordinate these efforts.

E. Leaving the Unit. Patients may leave the unit by walking out (elopement), by failing to return from pass (also called elopement), by being placed ^{on} convalescent leave under supervision of a social worker

* See Appendix II, Therapies Provided

for one year (with relatives or in foster care), or by an outright discharge. Patients who have been committed by the court are returned to the court to fill their unexpired sentences. Pre-charge discussion groups are held by the psychiatrist and social worker. Some patients may be prepared for discharge through case work counseling, and others may be referred to other community agencies for ongoing services.

The Alcoholic Application Referral Record has been prepared for use in referring patients leaving the Alcoholic Rehabilitation Unit to other clinics and other agencies. This Record includes identifying information, social history, medical history, and previous contact with other social services. The patient participates in this referral and signs the form. This material is then sent immediately on discharge of the patient to whatever functionary may be providing a continuous therapy. Other agencies seldom acknowledge receipt of this information and with very few exceptions do not inform the Alcohol Rehabilitation Unit of their acceptance of the referral or the results.

At the time of patient's departure, he is informed of the services of the full time Outpatient Clinic located in Convalescent Cottage No. 4. The Outpatient Clinic is open daily from 9 to 4:30 P.M., on Wednesday and Thursday evenings from 6 to 10, and on Saturday mornings from 9 to 12. The Outpatient Clinic also provides a pre-admission service.

F. Research,¹ Evaluation, and Follow-up. Beginning also in August 1959, the research program was organized as an integral part of the Alcoholic Rehabilitation Unit. The aim of the research-service approach to the alcoholic patient is to develop improved methods of

¹Only 1/2 of each cent of Maryland tax funds spent by the Dept. of Mental Hygiene goes to the Dept. of Research. "Maryland State Budget for Fiscal Year Ending June 30, 1962."

treatment and rehabilitation through the use of adequately trained personnel whose duties supplement those of ordinarily assigned service personnel and provide a link between research and service activities. By providing a multi-disciplinary research effort, it is hoped that there will be a wide range of selected variables for study. The Research Department hopes to devise a sustained self-regulating, self-evaluating approach to treatment and rehabilitation methods.

Dr. A. A. Kurland, Director of the Department of Research at Spring Grove since 1953, describes the research designer as a coordinator.¹ He has pointed out that "how effectively the coordinator can use his personality to arouse the enthusiasm and cooperation in the hospital personnel and at the same time, avoid arousing a guinea pig obsession in the already extremely sick and emotionally disturbed patients is an exceedingly complex and strategic point. The key to this problem is the orientation of the hospital personnel." Over thirty researches have been published since the establishment of the Department of Research. One of these was on the subject of alcoholism and there are several other researches on alcoholism completed and ready for publication.

All alcoholic patients at the time of their transfer to the Alcoholic Rehabilitation Unit are invited to participate in the research program. Very few patients refuse. Some, however, are not included for medical reasons. Of each one hundred patients transferred to the Unit, about 22% drop out by the eighth day when the research regime begins. Some of the patients elope; some are transferred to other psychiatric areas; and others do not continue for medical reasons.

¹ Kurland, A. A. "The Nature and Evaluation of the Problems in the Development of an Active Research Program in a State Psychiatric Hospital", Bulletin of The School of Medicine, University of Md., 1953, Vol. 38: 80-84.

The initial tests last three days. These tests include: psychological tests, blood studies, liver studies, and an electroencephlogram study. The research regime lasts thirty days. Liver function tests and blood studies are repeated each week. A psychiatrist interviews each patient at the beginning of the research program, in the middle, and again at the end. About 100 patients have now completed the research studies.

A striking feature after the first thirty-five patients had been studied was their low ego strength or a depreciating point of view about themselves. Results of these tests of the personality profile compare favorably with similar tests done elsewhere (in Kansas).

Problems among service personnel and research staff have developed in the Alcoholic Rehabilitation Unit. Research staff members complain that the service personnel do not see that patients keep appointments. Also service personnel complain of added responsibilities. Service personnel, on the other hand, say that they are "left out". They have not been told what is expected of them and, therefore, do not know what part of the job is important or how to establish priorities in their work loads. Efforts are being made to air these differences and resolve them. On the whole, staff as well as patients, are enthusiastic about the quality and variety of therapies given and the desirability of evaluating results.

In view of the fact that there is no built-in follow-up program, this can not be researched. Unless the alcoholic patient is again readmitted or unless he returns to attend the Tuesday night A.A. meeting, he is lost tract of.

G. Professional Education. The chief psychiatrist conducts a two-hour monthly seminar with Johns Hopkins fourth year medical students in groups of six to eight students. The psychiatrist is called on from time to time to meet with other groups of medical students or with student nurses from several schools of nursing in the State.

III. PLACE OF THE SPRING GROVE REHABILITATION UNIT IN THE CONSTELLATION OF COMMUNITY SERVICES.

A. Movement of patients from Other Agencies to Spring Grove.

Alcoholic patients come to the Spring Grove State Hospital voluntarily or they may be brought by relatives or friends, or by police from the police courts, correctional agencies, or from general hospitals. Very few of the patients or their families or their private physicians and none of the police officers make use of the pre-admission service. This is unfortunate; it has been found that patients who make use of the pre-admission service are more likely to make better use of their hospital experience.

B. Movement of Alcoholic Patients from the Alcoholic Rehabilitation Unit to Other Agencies.

Almost all patients are referred to the Spring Grove Outpatient Clinic or to another psychiatric clinic at the time of discharge. Some of the patients are also referred to the Division of Vocational Rehabilitation, the Department of Public Welfare, a family agency, or other agencies providing services which the alcoholic needs to get back into circulation. A telephone call or a letter often is not enough either to open the door for the alcoholic patient to find his way to the other community service agency or to interpret the

patient's needs, for services to the other agency staff member. Although it is desirable for the rehabilitated alcoholic to carry the full load of taking the responsibility for his own financial support and the development of his socialization, he often feels too inadequate to do this. A pattern of living extending over a period of twenty to thirty years can not be changed over night. There often needs to be at least a period of from one to three years in testing out his new strength to cope with the inevitable slips to excessive drinking and all of the problems that go with this failure. During the first few months after discharge from the State Hospital, there should be the opportunity for a daily experience in a day hospital as an interim treatment experience before using the services of a counselor at weekly intervals. Some individuals are never able to intellectualize solutions to their difficulties but can do this only through acting out new kinds of habits through the trial and error of repeated test situations.

Much more collaboration among the community service agencies is necessary.

IV. PROBLEMS AND UNMET NEEDS.

Several problems which interfere with the success of the Rehabilitation Program for Alcoholics at Spring Grove have been found. The chief psychiatrist has little control over the selection of the court-committed patients. Some patients are using the Inebriate Court Order as a way of getting "hotel accommodations" for 60 days. Other patients use the Inebriate Court Order as an assurance that they will have some place to stay as a last resort. Some of them, therefore,

carry the Order in their pockets until they run out of money and may never use it at all or only for the last week.

In the current administrative structure the Chief Psychiatrist of the Alcoholic Rehabilitation Unit is not directly responsible to the Superintendent of the Hospital. The administrative framework should be organized in such a way to encourage a creative and experimental approach to test out new knowledge in coping with a group of mental patients about whom surprisingly little is known. Direct access to treatment resources within the hospital such as Foster Care, Industrial Therapy, Vocational Rehabilitation should be encouraged in the administrative pattern. Thought should be given to the kind of administrative structure which would promote planning of research programs with the Department of Research, participation in the selection of personnel assigned to the Unit, initiation of requests for grant funds, organizing an educational program for in-service training for professional staff working with alcoholic patients in all state mental hospitals and outpatient clinics as well as the orientation of all hospital personnel, and the coordination of the work of the Unit with the Preadmission Service, ^{Pre-parole Services,} and the post-discharge services.

Many patients do not keep appointments in the psychiatric clinics or in other community agencies after their discharge from the Alcoholic Rehabilitation Unit. Treatment gains made at the hospital, therefore, are soon lost. Patients who do attempt to use the services of the outpatient clinics soon drop out after the first few interviews.

Some patients are committed by the courts for a year. Court commitments for a period longer than sixty days are apt to undo any treat-

ment gains made because of the long separation from family and job.

There is a high rate of return of patients. One study showed that 30% of the alcoholic patients returned at least once within two years.

There is no follow-up after the patient is discharged. It is not easy to change habits which have been firmly established over twenty years or more. Supervision in Convalescent Leave (including Foster Care) should be extended beyond the three months up to three years by well qualified social workers who have been trained in alcoholic rehabilitation work.

V. SUMMARY AND CONCLUSIONS.

As a first step in understanding the phenomenon of alcoholism and to establish some means of control and education for the large group of uncommittable individuals with alcohol pathology, it is essential to study and treat the psychiatric patient with alcohol pathology now being confined in the mental hospital.

The Spring Grove Alcoholic Rehabilitation Unit offers the best opportunity in the State of Maryland to study and treat the psychiatric patient with alcohol pathology. The program is already in existence and has a well-motivated staff representing the various professions. There is a built-in research program which can serve to provide a better understanding of the phenomenon of alcoholism as well as self-evaluative techniques. Knowledge gained can be made available to other mental hospitals and outpatient facilities.

The physical structure and the treatment program of the Spring Grove Rehabilitation Unit has been described and the movement of patients

to and from the Unit has been reviewed. Some of the current problems have been aired.

In conclusion, this study points up the following:

(1) The goal of the therapeutic effort of the Spring Grove Alcoholic Rehabilitation Unit is to assist alcoholic patients to achieve sobriety.

(2) Before much progress can be made in the field of alcoholism, there must be more knowledge about the nature of the phenomenon of alcoholism, the types of individuals most susceptible, and the conditions under which change occurs in the alcoholic individual. The combined research and service approach at the Spring Grove Alcoholic Rehabilitation Unit can provide answers to some of these questions.

VI. RECOMMENDATIONS.

In view of the foregoing I recommend that:

1. The Spring Grove Alcoholic Rehabilitation Unit be strengthened.
 - a. The Alcoholic Rehabilitation Unit be used to full capacity.
 - b. The professional and non-professional service staff of the Alcoholic Rehabilitation Unit be increased to and maintained at a level sufficient to provide full, proper, and efficient treatment.
 - c. Adequate and intensive research be initiated and carried out to evaluate and determine the effectiveness of the various therapies (in addition to drugs) employed in the field of alcoholism.
 - d. Periodic evaluation and follow-up procedures be set up.
 - e. Research be broadened to include investigation into

the specific area of identification and classification of different types of alcoholics.

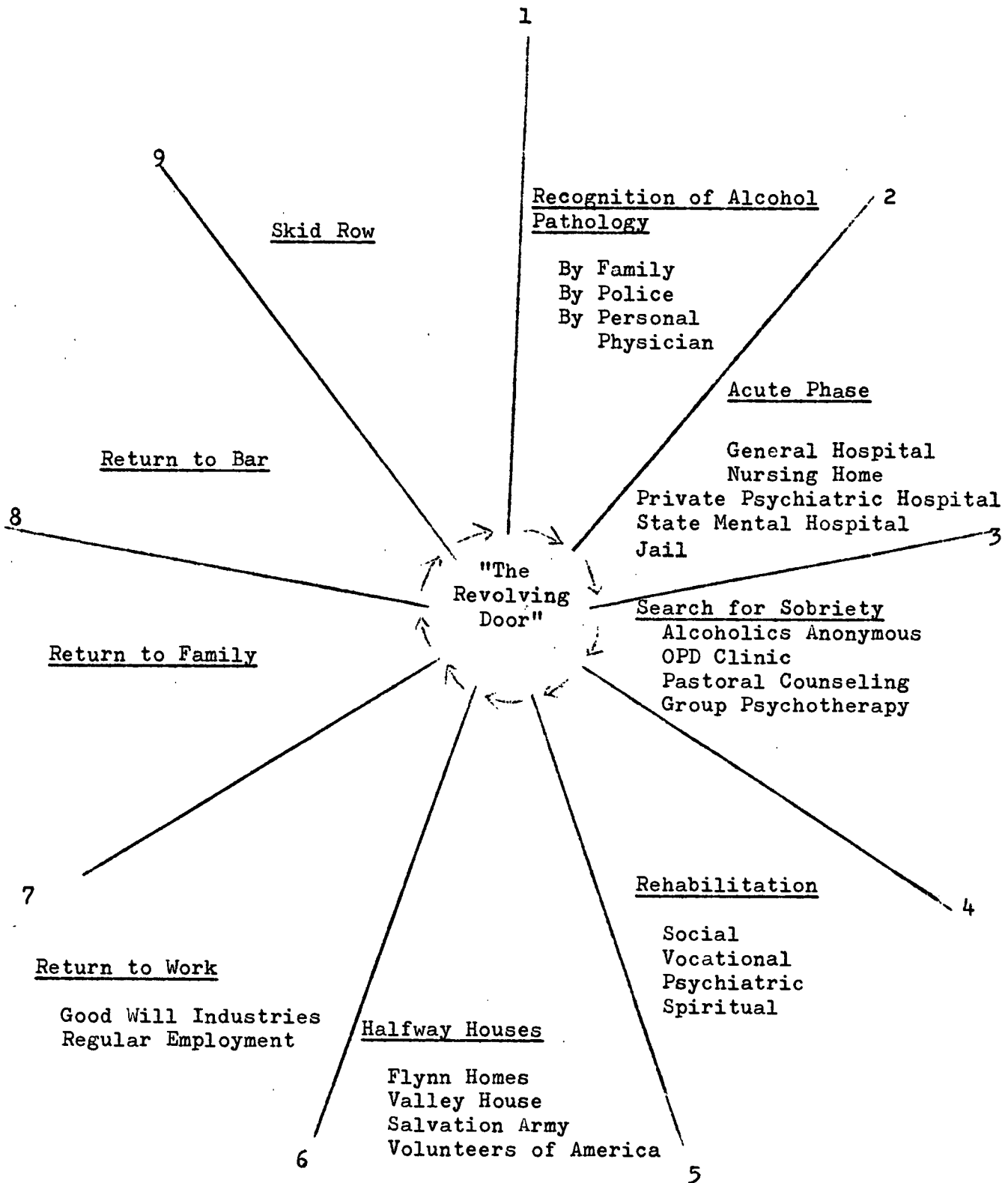
- f. The research staff be increased sufficiently to enable it to carry out the research projects required.
2. The administrative structure of the Alcoholic Rehabilitation Unit and its relationship to the Spring Grove State Hospital as well as the other state hospitals be reviewed and evaluated.
- a. The chief psychiatrist be given authority to select the patients.
 - b. Study be made regarding the current policy of excluding patients because of race and sex.
 - c. Study be made of employment policies which will encourage employment stability of well-qualified and experienced staff members.
3. Control and coordination of movement of alcoholic patients in and out of the state mental hospitals rest with Commissioner of Mental Hygiene.
- a. Use of Preadmission Service be fuller utilized and strengthened.
 - b. Process of leaving the Alcoholic Rehabilitation Unit be strengthened through greater use of Pre-parole and pre-discharge planning and supervision.
 - c. Day psychiatric hospitals be organized to assist alcoholic patient to bridge gap between hospital and outpatient clinic.

4. A governmental instrument be created to coordinate the services currently being provided the alcoholic patient and his family by various public and private functionaries.

Lillian M. Snyder
(Miss) Lillian M. Snyder
Research Associate

APPENDIX I

STAGES IN LIFE HISTORY OF MANY ALCOHOLICS



APPENDIX II

THERAPIES PROVIDED
IN
ALCOHOLIC REHABILITATION UNIT

Convalescent Cottage No. 2.
Spring Grove State Hospital

September 1, 1960

Educational Activity.....14	Patients Male and Female	1. Individual Therapy
Movies) Group Discussions		2.. Therapeutic Community
Lectures)		Cottage Community
		Social Activities
		Social Privileges
Social Work Services.....13		3... Group Psychotherapy-Medical
Interviews		Director
Individual		Didactic -- acceptance of
Small group for new patients		A.A.
Large group		Repressional
Pre-Parole Group, referred to:		Inspirational
Out-Patient Clinic		Analytic
Foster Care		Psychodrama
Own Home		4.... Informal Group Discussions
Meeting Relatives		5..... Chemotherapy
Flynn House		Antabuse
Halfway Houses.....12		Antidepressants
Flynn Houses		Tranquilizers
Industrial Therapy.....11		Vitamins
Farm		6..... Motivation Groups - Volunteer
Day work		7..... Group Discussion -A.A. Member
Chaplains Meetings.....10		"How a Sober Alcoholic can
Group Discussions		help a Drunk"
Pastoral Counseling		8..... Discussion Group - Head Nurse
Alcoholics Anonymous.....9		12 steps in A.A.
A.A. Sponsors		
Inside Hospital		
Outside Hospital		

